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ABSTRACT

The need for a better understanding and better treatment of learning disabilities (LD) in adult learners of English as a second language (ESL) is discussed. Such an effort should draw on both existing knowledge of LD in the first-language context and new research on LD and second language learning. The ethical implications of teaching ESL to adults suspected of LD without use of teaching techniques known to be effective in first-language LD instruction are examined, and some basic information about LD in the educational context is presented. Issues in the identification of LD are examined, drawing on recent research, areas for future research are proposed, and some approaches to identifying and planning instruction for LD students in this population are suggested. Legal, instructional, and financial issues in the treatment of LD are also explored. (Contains 10 references) (MSE)

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Adult Learning Disabilities in Intensive English Programs: a Call for Action

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Richard L. Beaubien

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Introduction

A rare bird is the post-secondary level ESL professional who has not concluded a lesson or encounter with a student and silently wondered if that student suffers from a learning disability. Beyond that fuzzy label (and a few off color teacher workroom comments involving the aerial dispersal of Prozac,) it should come as no surprise that in the IEP community, there is a severe lack of applicable information regarding the issue of learning disabilities in academic preparation IEPs. Are there students in IEPs with undiagnosed learning disabilities? Yes, certainly there are, but that statement is synthesized from knowledge that learning disabilities are referred for diagnosis in other post-secondary academic programs (Gajar, 1987). There are no empirical studies focused on international students alone. How significant is the population of IEP students with undiagnosed learning disabilities? We do not know. In fact, there is not much more than instinct, rumor, and suspicion on which to base a claim that IEPs may have more than a normal share of students with undiagnosed learning disabilities.

Anyone who has made an attempt to understand the difficulties involved with having students undiagnosed learning disabilities in IEPs quickly realizes that there can be no simple analysis. As the great science fiction writer Frank Herbert once wrote, "grasp your question firmly, pull it out of the ground, and look at the roots. What do you find? More questions." We know that we have students who are having difficulties. We feel sympathy for them, we want to do more to help, but our hands are tied by such issues as a lack of training and resources, as well as confusion regarding the cultural, ethical, moral, and legal questions involved with intervention. This report is thus intended as a

vehicle with which we may develop a theoretical framework and begin a professional dialogue regarding the issues involved in the identification and treatment of learning disabled adults in academic prep intensive English programs (IEPs).

While the ESL literature is generally bereft of references to adult learning disabilities, the same cannot be said of the education literature in both general and special education. Specifically, the professional journals in early childhood, middle grades, secondary, special, and adult education are filled with perspectives, theories and data. Furthermore, there is a substantial body of work surrounding the issue of so-called "foreign language learning deficiencies" encountered by students in modern language classes in colleges and universities (see Ganschow et al., 1991, Freed, 1987, Moore 1995).

Granted, it seems intuitive that adult ESL students with undiagnosed learning disabilities should not have their needs addressed by methods designed for L1 students, but then again, it may not necessary to completely re-invent some of the wheels either. With this thought in mind, we should turn to the literature in other disciplines, and look for theories and methodologies that may work in the IEP, while inventing some of our own.

Ethical Implications

International students come to the United States for many reasons. Some are intrinsically motivated to study in US academic programs, and others are extrinsically motivated by parents or by lack of space in programs -- or lack of programs -- in their

own countries. Whatever the reason for coming to the United States, it is fair to say that an academic program here constitutes a significant financial expense for the students and their families.

For students in many countries, there is a strong societal and parental expectation that the student should obtain a university education. Although there is no direct evidence, it can be hypothesized that a fair number of students who cannot enter academic programs due to deficiencies with individual qualifications in their home countries come to the United States in the hope of entering an academic program. For many of these students, a university ESL program, usually requiring few or no academic qualifications for admission, is the first stop. Many such students do reasonably well, but still there are those students that do not do well at all. For those students with undiagnosed learning disabilities, their tenure in an ESL program -- regardless of personal motivation -- becomes a series of expensive personal failures. It is personal because at the present, the student is the only person to acknowledge the failure.

A moral dilemma ensues: can we in good conscience suspect a learning disability, do nothing, and continue to charge tuition? We know that such things happen, but again we currently lack the data to understand the scope of the problem, much less to substantiate any hypotheses. This is an area where research is badly needed, and cannot be done until we devise a framework for the identification of learning disabilities in IEP populations

An LD Primer

As many instructors in IEPs bypass teaching in public schools, where teacher preparation programs usually include some grounding in Learning Disability (LD) theory, a short lay discussion of LD theory might be helpful at this juncture. Disabilities which negatively affect learning are generally classified into three areas: physical disabilities such as visual or hearing deficiencies, cognitive/perceptual disabilities, and emotional/behavioral disabilities. It is important to mention here the difference between the terms "cognitive" and "perceptual". A perceptual deficiency presents itself when a student sees the letter "n" but perceives the letter as "u". A cognitive deficiency is one in which the student may see and perceive an {s}, but not be able to understand that the phoneme associated with that symbol is [s].

While these three general areas have their own discrete and discernable characteristics, it is important to note that learning disabilities rarely manifest themselves in a single area alone. In fact, LDs are far more likely to present themselves as constellations of issues. For example, a dyslexic individual may also present behavioral or emotional issues in the form of coping strategies such as aggression or passivity, through which he/she may deflect attention away from the original issue. The problem outlined in this example may well be exacerbated in adults with learning disabilities, as adults have had years in which to hone avoidance and coping strategies.

With learning disabilities, prejudice and misconceptions can occur on both sides of the classroom: inexperienced instructors may misread particular problems in the classroom, and the students themselves may develop unfair assessments of their own abilities and self worth. The biggest misconception both sides have regarding learning disabilities is that learning disabilities are directly linked to diminished intelligence.

While this assumption may be true in some cases involving mild or severe mental retardation, genetic abnormalities, or traumatic brain injury, research has consistently shown that most persons with physical, cognitive/perceptual, or emotional/behavioral disabilities rank at or near the norm on general intelligence batteries (Ganschow et al., 1991). In fact, many LD individuals develop astonishing skills and competencies in other areas, which they often use to compensate for their individual disabilities.

Severe physical, cognitive and emotional disabilities are most often diagnosed and treated before the individual enters an academic program. Hence, it may initially be safe to hypothesize that the undiagnosed learning disabilities we see in IEPs are limited to the more subtle cognitive/perceptual varieties -- such as dyslexia, or dysphasia. With such disabilities, we must maintain an understanding that intelligence is probably not the issue. In fact, a great many of these LDs go undiagnosed and untreated in American school systems as well. Of course, with international students, a multitude of divergent socio-cultural conditions directly affect the likelihood that a student will have been diagnosed with and treated for a learning disability before matriculation in an IEP.

Many cultures which have traditions of social promotion in their educational systems routinely ignore poor individual performance, as the culture may not view the education of the individual as a priority. Instead, the education and promotion of the group or class is viewed as central. In systems such as one in Japan, reasons for poor individual performance may be ignored by educators simply because they may not consider it their responsibility to do intervene. Instead, individual differences in ability are largely downplayed (Reischauer, 1988) or a student with poor performance is simply admonished to "study harder."

Of course, in the Japanese system there is a breaking point -- the dreaded university entrance examinations, also known as "examination hell" (Reischauer, 1988). As noted earlier, there is often considerable social or parental pressure to enter academic programs, and this pressure can be incredibly intense. If we provisionally accept the premises outlined above, then it would be reasonable to conclude that many of those students who are unable to secure admission to an acceptable academic program at home might seek university positions elsewhere -- and land in IEPs overseas. If this is true, then deduction forces us to accept the claim that we may have a greater percentage of undiagnosed learning disabled students than is true of the general post-secondary population.

The above statements are hypotheses -- we need research to substantiate such claims. The existence of subtle, undiagnosed cognitive/perceptual LDs in IEPs is supported both by intuition and deduction, although the premises supporting the claim are far from irrefutable at present. Nonetheless, there is certainly enough reason to believe that initial study of cognitive/perceptual LDs in the IEP environment may provide a good beachhead for the investigation of learning disabilities affecting students in IEPs. Accordingly, Mercer University's efforts in the area of LDs will utilize cognitive/perceptual LDs as an initial locus of investigation.

Issues with identification of LDs

First and foremost among the logistical problems of identifying particular learning disabilities are the issues of language and culture themselves. Although there are currently no national standards or criteria for diagnosing adult learning disabilities (Darden & Morgan, 1996), there are many good assessment instruments in wide use for diagnosing children with cognitive/perceptual learning disabilities. However, they all largely presuppose a native speaker proficiency in spoken English, as well as a certain amount of shared cultural background, on the part of the test subject. Since perceptual disabilities by definition involve issues in the coding, decoding, and processing of abstractions and symbols, adding additional layers of coding and decoding for non-English speakers would thus negate the reliability and validity of any such assessment instrument. This has been and will continue to be the major obstacle to making relevant syntheses from the experiences of other disciplines.

Chapman et al. (1980) make a strong case for the development and implementation of assessment instruments in the student's L1. In fact, the Chapman report states categorically that testing outside the student's L1 is ill advised and non-productive, and that testing simply must take place in the L1. Such a suggestion, of course, would be wonderful in a world with limitless resources, but rather impractical in a world where the average IEP may have students from twenty or more different L1 backgrounds. It could be that development of such assessment strategies could collapse on itself due to the sheer economics of development and implementation. The Chapman report bears witness itself to this problem of test reliability, as researchers could not include certain test subjects because the students' L1 was Hakka, and no bilingual Hakka/English speaker could be found.

A study should nonetheless be undertaken to gauge the feasibility of the Chapman plan, or at least individual parts of it. After all, the Chapman report was issued in 1980, during the dark ages before the PC, technology might provide us a method for getting around the bulk of the difficulties presented by the report's premises. The Chapman report's prototype assessment instrument contains elements that are both linguistically and non-linguistically bound, and could be of great value to those who take up the issue of developing assessment instruments for IEPs. Anecdotally, Mercer University's IEP plans to begin field testing some of the Chapman modules in the Summer of 1999.

Another possibility which takes the economics of the issue into account might be to develop a more ad-hoc, low-profile assessment method currently used by most public schools. In essence, it might be more feasible for an IEP to develop a "student support team" (SST). An SST is normally comprised of trained instructors and professionals who review referrals from the classroom teachers, initiate assessment, develop "individual educational plans" (also known as IEPs) for the student, track student performance, make adjustments where necessary, and refer uncorrected problems for outside professional assistance. The primary classroom instructor is responsible for making a student referral to the SST, as well as for implementation of designated parts of the ISP. Handled at the level of a post-secondary SST, it is unclear if the student is legally considered to have an officially diagnosed, bona fide learning disability, as one of the primary functions of the SST is to consider in-house methodological variations and accommodations to facilitate learning for individual students with certain difficulties. Indeed, since there are no national standards for diagnosing adult learning disabilities, there has been a great deal of confusion as to the legal standard for certification of a learning disability for adults

(Brackett & McPherson, 1996). This distinction may have a direct bearing on the legal considerations noted in another section of this presentation.

Of course, for a classroom instructor in an L1 environment, individual LDs are probably more noticeable than when classroom interaction occurs in an interlanguage. When a primary classroom instructor observes anomalous behavior, the question comes naturally: is this behavior due to normal problems in the interlanguage? or does the problem stem from a learning disability? Thai and Vietnamese students, for example, generally have a great deal of difficulty forming consonant clusters in English due to divergence in phonotactic rules between the L1 and the L2, and the difficulty can be extremely resistant to remediation. For example, a grapheme such as {strong} bears a close relationship to its phonetic representation, although the student may consistently produce [tong]. Is this difficulty due to L1 interference? Or could there also be a cognitive or even organic pathology afoot? Experienced instructors can often tell the difference intuitively, but are more often than not at a loss for a qualified explanation of how they know the difference. Developing taxonomies of at-risk behaviors might be the solution here. A lot of work would be required to do this properly, as a multitude of sociocultural and sociolinguistic issues must be taken into account.

Hawks (1996) fields a number of insightful ideas regarding assessing adults for learning disabilities. Of course, learning disabilities are inherently difficult to diagnose, therefore, the more comprehensive the assessment battery, the better chance clinicians have of understanding the complex psychological processes active in the student. Hawkes makes reference to the Model Diagnostic Battery (MDB) developed by the Virginia Department of Rehabilitation Services. With the MDB, visual perception, auditory

perception, motor skills, emotional problem solving, writing, memory, intelligence, and other dimensions are tested. The MDB appears fairly comprehensive, and a look at this battery could offer IEP professionals an initial direction. According to Hawks, not only should the individual be subjected to a number of diagnostic tests, but the subject should be interviewed regarding educational, social, medical, psychological adjustment, and vocational histories, in order to obtain a truer understanding of the state of the student in question.

Issues in the treatment of LDs

The issues with treatment of LDs present other ethical dilemmas. Common thought in many cultures would hold to the misconception that "learning disability" equals stupidity, and that consideration of such a condition would be viewed as taboo. To label a student as learning disabled could be considered as a face-threatening activity, evoking counter-productive ego defense mechanisms on the part of the student and/or stigmatization on the part of the student's peers. The number of cultural backgrounds in the normal IEP and the variant cultural reactions to the issue of LDs mean that no open discussion of the issues or individualized deviations in instructional delivery should be attempted in the classroom. In essence, the student in question should be treated no differently than her/his peers in the classroom setting. Specialized instruction for specific LDs should generally occur in isolation, ostensibly subsumed under the guise of "consultation," "tutoring" or some other adequate, acceptable euphemism.

Not all LD instruction needs to take place in isolation however. Most often in public schools, treatment advised by SSTs often involves mainstreaming the student in question and asking the primary classroom instructor to alternate instructional modalities between visual, auditory, and kinesthetic activities. In such a way, for example, a student with a visual perception problem could access content via auditory or kinesthetic modalities. Most experienced instructors in IEPs have either directly or intuitively learned that switching modalities is a powerful adjunct for language acquisition. As such, asking an instructor to actively access the modalities in the classroom would be no far stretch for most instructors, and would become an element of faculty development for other, less experienced instructors. By switching modalities in the classroom, the teacher can avoid peer stigmatization and ego threat by providing the specialized instruction to all students simultaneously.

The Chapman report makes one additional comment that might bear some attention. It is possible that students with undiagnosed -- yet slight -- learning disabilities might not have great difficulties in ESL classrooms, as much ESL instruction mirrors what happens in LD classrooms already: highly sequenced, spiraled lessons with ample repetition and review. For such students, it stands to reason that LDs may manifest themselves more openly outside of the IEP, such as in History 101. Thus, treatment of the symptoms rather than the cause could serve only to delay the onset of more damaging student difficulties.

Multi-modal instruction, sequencing, spiraling, and frequent review, however, are not enough. Work should begin on identifying methods and materials which are specialized and comprehensive enough to remediate specific disabilities, yet be simple,

flexible and economical enough for general use by instructors and counselors in IEPs. We must remember that instructional delivery for LD IEP students should not involve inundating already overworked instructors with a rash of new policies and procedures. Primary classroom instructors should of course operate with a focus on the good of the class in general, and not be obliged to ignore the needs of the many in order to attend to the needs of the few. Efficacy, equitability, and economy are the watchwords of our endeavor.

Legal implications

No presentation of issues could be comprehensive without a look at the legal implications of identifying and treating learning disabilities. There are many Federal and state laws regarding the instruction of individuals with learning disabilities, including Section 504 of the Rehabilitation act of 1973, the Americans with Disabilities Act of 1990, the Individuals with Disabilities Education Act (IDEA) of 1990, and its predecessor, the Education for All Handicapped Children Act (EHA) of 1975, often referred to as Public Law 94-142. Most of these laws directly relate to public schools, and mandate that schools develop programs for identifying children with learning disabilities, developing Individual Educational Plans that offer those children educational services appropriate to their particular disabilities, and that those educational services be rendered in the "Least Restrictive Environment" -- a mandate that forces both public and private educational institutions to see that disabled children are educated with non-disabled children wherever possible (Lacefield, 1997).

With regard to post-secondary education, Title 5 of the Rehabilitation Act of 1973 is the central piece of legislation affecting colleges and universities (Moore, 1995) (Brackett & McPherson, 1996). Title 5, and resulting court decision have directed colleges and universities receiving Federal monies to offer similar educational services and accommodations. For example, many universities waive their foreign language requirements for students who demonstrate language learning disabilities (Moore, 1995.) At the post-secondary level however, the onus for identification and certification of specific learning disabilities -- and the expense thereof -- lies directly with the student. (Brackett & McPherson, 1996). It should be noted, however, that the wording of section 504 is rather ambiguous, and there have been conflicts in the interpretation of this piece of legislation (Brackett & McPherson, 1996).

Rare indeed is the college or university that receives no Federal money in the form of grants, work-study programs, Federal student financial aid, or Federal contracts. Therefore, Title 5 of the Rehabilitation Act of 1973 affects not only all public colleges and universities, but the vast majority of private colleges and universities as well (Moore, 1995.) In short, formal processes of identifying students with learning disabilities could come at the risk of opening a financial Pandora's box, incurring institutional expenses, and straining already tight budgets. University budget committees are unlikely to display largess and embrace the wholesale identification of learning disabilities unless these pesky legal issues are hammered out, and the costs involved are quantified.

Conclusion

If we accept a moral responsibility to provide all of our students with the best possible education, then we must find acceptable strategies to remediate the problems of our LD students as well. Any solution must also encompass many legal, ethical, economical and methodological considerations. To do this, we must delve into the issues, determine the scope and extent of LDs presented by our students through new research, cull the literature in other disciplines, and create new literature specifically focusing on the needs of L2 learners.

Of course, multi-modal teaching (or any other single solution) will not serve as a panacea, as many students with cognitive/perceptual disabilities require individualized instruction to develop strategies for overcoming their disabilities. Our IEPs -- without additional funding and professional support -- will be ill-equipped to handle the task on their own. What is needed is a concerted effort in our profession -- a central forum for the discussion of LD identification and treatment issues. A centralized group of volunteers under the auspices of a national organization such as TESOL, and in conjunction with professionals in the fields of Learning Disabilities and Educational Law, may be more likely to succeed in obtaining funding for research, efficiently focusing research efforts, analyzing legal and ethical considerations, developing methods and materials, and charting strategy for the implementation of those methods and materials.

Our goal is certainly reducible to this: to reduce the number of personal failures and to increase the number of success stories. Certainly, we should view the education of our students -- individually and collectively -- to be our goal as professional educators. Regarding students with undiagnosed learning disabilities, we have escaped our share of the responsibility for their failures for too long. We are professional educators, and the

responsibility is indeed partly ours. The challenge -- to those who will accept it -- is to organize ourselves and actively chip away at our own ignorance, so that we may lead the way into the future. The future I am describing is not some nebulous abstraction, but rather the concrete and very real future lives of our students, as well as the future knowledge that we have left the world in a better state than we found it.

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